

# FIXED ASSET DISPOSITION INPUT FORM



The Commonwealth Of Massachusetts

Office of the Comptroller  
Revised as of March 31, 1997

Department/Organization Name <b>1</b>					
Document ID					
TRANS <b>FD</b>	Dept <b>2A</b>	R/Org <b>2B</b>	Number <b>2C</b>	Trans Date <b>3</b>	Acctg Prd <b>4</b>

Dept <b>5</b>	FA Type <b>6</b>	SW FA Number <b>7</b>	Acq Date <b>8</b>	Disp Type <b>9</b>	Disposal Date <b>10</b>
Asset Cost <b>11</b>		Disposal Method <b>12</b>	Disposed Asset Cost <b>13</b>	Disposal Authority <b>14</b>	
Remain Asset Cost <b>15</b>		Disposed Area <b>16</b>	Disposed Units <b>17</b>	Selling Price <b>18</b>	
SW Asset Description <b>19</b>					

Prepared By: _____	Title _____	Date _____
Approved BY: _____	Title _____	Date _____
Entered By: _____	Title _____	Date _____

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Remain Asset Cost		Disposed Area	Disposed Units	Selling Price	
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